BEST AVAILABLE CUT !

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Numbe	۲:
1004678	
8007-1003	

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TC	OTAL CLAIMS		2					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGEA	ABLE CLAIMS	2 minus 20=		•			X\$ 9=		OR	X\$18=	8.1
	EPENDENT CI				4			X42=		OR	X84=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT /					+140=		OR	+280=	
* If	the difference	less than ze	ess than zero, enter "0" in column 2			Į	TOTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						<u> </u>	SMALL	ENTITY	OTHER THAN SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDA	Total	. 2	Minus	**	70	=//		X\$ 9=	-	ОR	X\$18=	
AM	Independent	* 2 ENTATION OF MI	Minus	PENDENT	CLAIM		1	X42=		OR	X84=	
L							ا ر	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)		ADDII. I EE			ADDIT. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	_
AME	Independent	NTATION OF MU	Minus	FNDENT	CLAIM	=		X42=		OR	X84=	
					-		- [+140=		OR	+280=	
								TOTAL ODIT, FEE		OR .	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)		ODII. FCC L		,	ADUN. FEEL	
AMENDMENT C	at at made of the sales as	CLAIMS REMAINING AFTER AMENDMENT	rakt esklavnen.	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	\int		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	11	X\$ 9=		OR	X\$18=	<u>, , , , , , , , , , , , , , , , , , , </u>
	Independent	*	Minus	***		•]	X42=	733	ı	X84=	
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDENT	CLAIM		J F			OR		
٠,	f the entry in colu	mn 1 is less than th	ne entry in colu	mn 2. write	"O" in cot	umn 3.	L	+140=		OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE	
	The "Highest Nun	ber Previously Pai	d For (Total or	Independe	ent) is the	highest number	er four	nd in the appr	opriate box	in colu	ımn 1.	